

9 FAM 41.81 Exhibit I

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41.81 – EXHIBIT I FORM I-601 – APPLICATION FOR WAIVER OF GROUNDS OF EXCLUDABILITY

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| UNITED STATES DEPARTMENT OF JUSTICE Immigration and Naturalization Service APPLICATION FOR WAIVER OF GROUNDS OF EXCLUDABILITY (Pursuant to Section 212 (g), (h), or (i) of the Immigration and Nationality Act) | | Form Approved OMB No. 43-RO391 <div style="border: 1px solid black; height: 50px; margin: 5px 0;">FEE STAMP</div> |
|--|--|---|

| | | | | |
|---|---------------------------|--------------------------|---------------|------------------------|
| NAME (Family Name in Capital Letters) | | (First Name) | (Middle Name) | FILE NUMBER |
| PRESENT ADDRESS (Number and Street) | | (City or Town) | (Country) | (Zip Code, if in U.S.) |
| DATE OF BIRTH | BIRTHPLACE (City or Town) | | (Country) | |
| I APPLIED FOR A VISA AT THE AMERICAN CONSULATE AT | | DATE OF VISA APPLICATION | | |
| I WAS DECLARED INADMISSIBLE UNDER SECTION(S) (PLACE AN "X" IN THE APPROPRIATE BLOCK(S)) <input type="checkbox"/> 212(a) (1) <input type="checkbox"/> 212(a) (3) <input type="checkbox"/> 212(a) (6) <input type="checkbox"/> 212(a) (9) <input type="checkbox"/> 212(a) (10) <input type="checkbox"/> 212(a) (12) <input type="checkbox"/> 212(a) (19) | | | | |
| FOR THE FOLLOWING REASONS (List acts, convictions or physical or mental conditions) (If alien has active or suspected tuberculosis, the reverse of this page must be fully completed.) | | | | |

| | | | |
|---|---------|--------------|--------------------|
| PRINCIPAL RELATIVE IN THE UNITED STATES THROUGH WHOM I CLAIM ELIGIBILITY FOR WAIVER | | | |
| NAME | ADDRESS | RELATIONSHIP | IMMIGRATION STATUS |
| | | | |

| | | | |
|--|---------|--------------|--------------------|
| I ALSO HAVE THE FOLLOWING RELATIVES WHO ARE CITIZENS OR LAWFUL PERMANENT RESIDENTS OF THE UNITED STATES: | | | |
| NAME | ADDRESS | RELATIONSHIP | IMMIGRATION STATUS |
| | | | |
| | | | |
| | | | |

| | | | | |
|---|----------------|-------------|-----------|--------------------|
| I WAS PREVIOUSLY IN THE UNITED STATES AT: | | | | |
| STREET ADDRESS | CITY AND STATE | FROM (DATE) | TO (DATE) | IMMIGRATION STATUS |
| | | | | |
| | | | | |
| | | | | |

| | | |
|---|-----------------------------------|------|
| SIGNATURE OF APPLICANT OR OF PERSON SUBMITTING APPLICATION IN BEHALF OF APPLICANT | | |
| SIGNATURE | RELATIONSHIP, IF ANY TO APPLICANT | DATE |
| | | |

| | | |
|--|---------|------|
| SIGNATURE OF PERSON PREPARING FORM IF OTHER THAN APPLICANT | | |
| I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge. | | |
| SIGNATURE | ADDRESS | DATE |
| | | |

| | |
|--------------------------------|--|
| Form I-601 (Rev. 6-20-80) N | RECEIVED TRANS. IN RET'D-TRANS. OUT COMPLETED |
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FORM I-601 – APPLICATION FOR WAIVER OF GROUNDS OF EXCLUDABILITY (continued)

TO BE COMPLETED FOR APPLICANTS WITH ACTIVE TUBERCULOSIS OR SUSPECTED TUBERCULOSIS

A. STATEMENT BY APPLICANT:

Upon admission to the United States I will go directly to the physician or health facility named in Section B; will present all X-rays used in the visa medical examination to substantiate diagnosis; will submit to such examinations, treatment, isolation, and medical regimen as may be required; and will remain under the prescribed treatment or observation, whether on inpatient or outpatient basis, until discharged.

Date

Signature of Applicant

APPLICANT'S SPONSOR IN U.S.: Arrange for medical care of the applicant and have the physician complete Section B.

B. STATEMENT BY PHYSICIAN OR HEALTH FACILITY (May be executed by a private physician, health department, other public or private health facility, or military hospital. NOTE: Upon arrival of the alien in the U.S., Form CDC 4.451 – "Report on Alien with Tuberculosis Waiver" – will be sent to the address given below.)

I agree to supply any treatment or observation necessary for the proper management of the alien's tuberculous condition.

I agree to submit Form CDC 4.451 to the health officer* named below either (a) within 30 days of the alien's reporting for care, indicating presumptive diagnosis, test results, and plans for future care of the alien; or (b) 30 days after receiving Form CDC 4.451 if the alien has not reported.

Satisfactory financial arrangements have been made. (NOTE: This statement does not relieve alien of submitting such evidence as consul may require to establish that alien is not likely to become a public charge.)

I represent (enter X in the appropriate box and give complete name and address of facility):

1 ☐ Local Health Department Outpatient Clinic

2 ☐ Military Hospital

3 ☐ Other Public or Private Health Facility

4 ☐ Private Practice

Address (If military, enter name and address of receiving hospital)

* Military submits direct to
Center for Disease Control, Atlanta, Ga. 30333

Date

Signature of Physician

APPLICANT'S SPONSOR IN U.S.: If medical care will be provided by a physician who checked box 3 or 4 in Section B, have Section C completed by the Local or State Health Officer who has jurisdiction in the area where the applicant plans to reside in the U.S. Provide the Health Officer with the address at which the applicant plans to reside in the U.S.

C. ENDORSEMENT BY LOCAL OR STATE HEALTH OFFICER

Date

Endorsed by: Signature of Health Officer

Health Officer:

Endorsement signifies recognition of the physician or facility for the purpose of providing care for tuberculosis. If the facility or physician who signed in Section B is not in your health jurisdiction and is not familiar to you, you may wish to contact the health officer responsible for the jurisdiction of the facility or physician prior to endorsing.

Enter name and address of the Local Health Department to which the "Notice of Arrival of Alien with Tuberculosis Waiver" should be sent when the alien arrives in the United States.

Local Health Department Address

FORM I-601 – APPLICATION FOR WAIVER OF GROUNDS OF EXCLUDABILITY (continued)

UNITED STATES DEPARTMENT OF JUSTICE Immigration and Naturalization Service

APPLICATION OF WAIVER OF GROUNDS OF EXCLUDABILITY

INSTRUCTIONS

READ INSTRUCTIONS CAREFULLY FEE WILL NOT BE REFUNDED.

Please Typewrite or Print Plainly With A Ball Point Pen.

- I. **FILING THE APPLICATION:** This application and supporting documents should be filed at the American Consulate at which you are applying for a visa. If you are in the United States and applying for status as a permanent resident, you should file the application and documents with the office of the Immigration and Naturalization Service having jurisdiction over your place of residence.
- II. **FEE:** A fee of thirty-five dollars (\$35) must be paid for filing this application if it is filed pursuant to Section 212 (h) or (i) of the Immigration and Nationality Act, as amended (relating to aliens who are inadmissible under Section 212 (a) (9), 212 (a) (10), 212 (a) (12), or 212 (a) (19)). It cannot be refunded regardless of the action taken on the application. DO NOT MAIL CASH. ALL FEES MUST BE SUBMITTED IN THE EXACT AMOUNT. Payment by check or money order must be drawn on a bank or other institution located in the United States and be payable in United States currency. If applicant resides in the Virgin Islands, check or money order must be payable to the "Commissioner of Finance of the Virgin Islands." If applicant resides in Guam, check or money order must be payable to the "Treasurer, Guam". All other applicants must make the check or money order payable to the "Immigration and Naturalization Service." When check is drawn on an account of a person other than the applicant, the name of the applicant must be entered on the face of the check. Personal checks are accepted subject to collectibility. An uncollectible check will render the application and any documents issued pursuant thereto invalid. A charge of \$5.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn. If application is submitted from outside the United States, remittance may be made by bank international money order or foreign draft drawn on a financial institution in the United States and payable to the "Immigration and Naturalization Service" in United States currency. If this application is filed pursuant to Section 212 (g) of the Immigration and Nationality Act (relating to aliens afflicted with tuberculosis, mentally retarded aliens, or aliens who have a history of mental illness) no fee is required.
- III. **APPLICANTS WITH TUBERCULOSIS:** An applicant with active tuberculosis or suspected tuberculosis is required to execute statement A on the reverse side of page one of this form. In addition, such applicant or his/her sponsor is responsible for having statement B executed by the physician or health facility which has agreed to supply treatment or observation, and statement C, if required, executed by the appropriate local or state health officer. This form should then be returned to the applicant for presentation to the consular office if he/she is applying for a visa, or to the appropriate office of the Immigration and Naturalization Service if applying for status as a permanent resident. Submission of the application without the required statements being fully executed will result in its being returned to the applicant without further action.
- IV. **MENTAL CONDITIONS:** AN ALIEN WHO IS MENTALLY RETARDED OR WHO HAS A HISTORY OF MENTAL ILLNESS SHALL ATTACH TO THE APPLICATION A STATEMENT THAT HE/SHE HAS ARRANGED FOR SUBMISSION OF A MEDICAL REPORT, AS FOLLOWS, TO THE OFFICE WHERE THIS FORM IS FILED:

The medical report shall contain a complete medical history of the alien, including details of any hospitalization or institutional care or treatment for any physical or mental condition; findings as to the current physical condition of the alien, including reports of chest X-ray examination and of serologic test for syphilis if the alien is 15 years of age or older, and other pertinent diagnostic tests; and findings as to the current mental condition of the alien, with information as to prognosis and life expectancy and with a report of a psychiatric examination conducted by a psychiatrist who shall, in case of mental retardation, also provide an evaluation of the intelligence. For an alien with a past history of mental illness, the medical report shall also contain available information on which the United States Public Health Service can base a finding as to whether the alien has been free of such mental illness for a period of time sufficient in the light of such history to demonstrate recovery.

The medical report will be referred to the United States Public Health Service for review and, if found acceptable, the alien will be required to submit such additional assurances as the United States Public Health Service may deem necessary in his/her particular case.

